

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **September 1-15, 2004**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 9-14-04	Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
5. APPLICANT INFORMATION Legal Name: MENDOCINO COUNTY RESOURCE CONSERVATION DISTRICT		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
Organizational DUNS: 141154174		Organizational Unit: Department:		
Address: Street: 405 SO. ORCHARD AVE		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: MS First Name: Teri		
City: UKIAH		Middle Name: Jo		
County: MENDOCINO		Last Name: Barber		
State: CA Zip Code: 95422		Email: tbarber@mcn.org		
Country: USA		Phone Number (give area code): 707-468-9223 Fax Number (give area code): 707-468-5278		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0000208		7. TYPE OF APPLICANT: (See back of form for Application Types) A - SPECIAL DISTRICT		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) HABITAT CONSERVATION		9. NAME OF FEDERAL AGENCY: NOAA FISHERIES		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-003		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: GARCIA RIVER INSTREAM MONITORING		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): MENDOCINO COUNTY, GARCIA RIVER		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 1ST b. Project 1ST		
13. PROPOSED PROJECT Start Date: 8-1-05 Ending Date: 7-31-07		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes, <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 9-14-04 b. No, <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
15. ESTIMATED FUNDING: a. Federal \$ 119,482 b. Applicant \$ 0 c. State \$ 14,992 d. Local \$ 0 e. Other \$ 40,000 f. Program Income \$ 0 g. TOTAL \$ 174,474		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative Prefix: MS First Name: JANET Middle Name: Last Name: OLAVE Suffix: b. Title: EXECUTIVE DIRECTOR c. Signature: Janet Olave d. Telephone Number (give area code): 707-468-9223 e. Date Signed: 9/15/04				

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Authorized for Local ReproductionStandard Form 424 (Rev. 9-2003)
Prescribed by OMB Circular A-102

RECEIVED
SEP 15 2004

APPLICATION FOR
FEDERAL ASSISTANCE

STATE FISHING HOUSE
DATE SUBMITTED 9-14-04

Version 203

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	Applicant Identifier
5. APPLICANT INFORMATION Legal Name: MENDOCINO COUNTY RESOURCE CONSERVATION DISTRICT		Organizational Unit Department:	4. DATE RECEIVED BY FEDERAL AGENCY	State Application Identifier
Organizational DUNS: 141 154 174		Division:	Federal Identifier	
Address: Street: 405 SO. ORCHARD AVE		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: MS First Name: PATY		
City: UKIAH		Middle Name: J.		
County: MENDOCINO		Last Name: MADIGAN		
State: CA Zip Code: 95482		Suffix: DR JANET OLAVE, EX DIR.		
Country: USA		Email: pmad@mcra.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 67-0060708		Phone Number (give area code) Fax Number (give area code) 707-468-9233 707-468-5200		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) GA - SPECIAL DISTRICT Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-0003		9. NAME OF FEDERAL AGENCY: NOAA FISHERIES		
TITLE (Name of Program): HABITAT CONSERVATION		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: UPPER RAUNCHERIA CREEK RIPARIAN ENHANCEMENT PROJECT		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): MENDOCINO COUNTY - ANDREWS VALLEY		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 1ST b. Project 1ST		
13. PROPOSED PROJECT Start Date: 8-1-05 Ending Date: 7-31-07		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROJECT? a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 9-14-04 b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
15. ESTIMATED FUNDING: a. Federal \$ 71,687 b. Applicant \$ 7,480 c. State \$ 029,007 d. Local \$ 0 e. Other LANDOWNER \$ 35,246 f. Program Income \$ 0 g. TOTAL \$ 147,693		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THIS DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative Prefix: MS First Name: JANET Middle Name: Last Name: OLAVE Suffix: b. Title: EXECUTIVE DIRECTOR c. Telephone Number (give area code): 707-468-9233 d. Signature of Authorized Representative: <i>Janet Olave</i> e. Date Signed: 9/14/04				

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Standard Form 424 (Rev. 5-2003)
Prescribed by OMB Circular A-92

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED September 15, 2004		Applicant Identifier		
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier		
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier		
Legal Name: County of Sonoma			Organizational Unit:			
Organizational DUNS: 08-012-6444			Department: Transportation and Public Works			
Address: Street: 2300 County Center Drive, Suite 100 City: Santa Rosa County: Sonoma State: California Country: United States of America			Division: Design and Construction			
<div style="border: 2px solid black; padding: 5px; transform: rotate(-5deg); display: inline-block;"> RECEIVED SEP 15 2004 STATE CLEARING HOUSE </div>			Name and telephone number of person to be contacted on matters involving this application (give area code)			
			Prefix: Mr.		First Name: John	
			Middle Name			
			Last Name Maitland			
Zip Code: 95403-2829			Suffix:			
Email: conjohnm@sonoma-county.org			Phone Number (give area code) (707) 565-2528			
Fax Number (give area code) (707) 565-2620			7. TYPE OF APPLICANT: (See back of form for Application Types)			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000539			B			
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			Other (specify)			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Community-based Habitat TITLE (Name of Program): Restoration Project			9. NAME OF FEDERAL AGENCY: Department of Commerce			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Sonoma County, California			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: The Asti Community-based Habitat Restoration Project			
13. PROPOSED PROJECT Start Date: 6/01/2005 Ending Date: 5/31/2007			14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA1 b. Project CA1			
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal \$ 154,085.00			a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON			
b. Applicant \$ 211,357.00			DATE: 9/15/2004			
c. State \$.00			b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372			
d. Local \$.00			<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
e. Other \$.00			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
f. Program Income \$.00			<input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No			
g. TOTAL \$ 365,442.00						
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.						
a. Authorized Representative						
Prefix Mr.		First Name Mike		Middle Name		
Last Name Chrystal				Suffix		
b. Title County Administrator, County of Sonoma				c. Telephone Number (give area code) (707) 565-2431		
d. Signature of Authorized Representative				e. Date Signed September 13, 2004		

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 9/15/2004		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
Legal Name: Soil Ecology & Restoration Group		Organizational Unit: Department: Biology		RECEIVED SEP 15 2004 STATE CLEARING HOUSE	
Organizational DUNS: 073371346		Division: Ecology		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Address: SAN DIEGO STATE UNIVERSITY Street: 5500 Campanile Drive		Prefix: Mr.		First Name: Thomas	
City: San Diego		Middle Name: Andrew		Last Name: Zink	
County: San Diego		Suffix:		Email: tzink@sunstroke.sdsu.edu	
State: CA		Zip Code: 92182-4614		Phone Number (give area code): (619)594-5697	
Country: U.S.A.				Fax Number (give area code): (619)594-3483	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6042721		7. TYPE OF APPLICANT: (See back of form for Application Types) O.			
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		9. NAME OF FEDERAL AGENCY: NOAA Fisheries			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-463		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Community-based Habitat Restoration At Batiquitos Lagoon Ecological Preserve			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): San Diego County		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 53 b. Project 50			
13. PROPOSED PROJECT Start Date: 3/01/05 Ending Date: 2/31/07		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: September 15 th , 2004 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
15. ESTIMATED FUNDING: 1st Year Only		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No			
a. Federal \$ 40,408. ⁰⁰					
b. Applicant \$. ⁰⁰					
c. State \$. ⁰⁰					
d. Local \$. ⁰⁰					
e. Other In-Kind Volunteer \$ 33,422. ⁰⁰					
f. Program Income \$. ⁰⁰					
g. TOTAL \$ 73,830. ⁰⁰					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix MR.		First Name THOMAS		Middle Name ANDREW	
Last Name ZINK		Suffix			
b. Title PROGRAM MANAGER SOILECOWAY RESTORATION GROUP		c. Telephone Number (give area code) 619-594-5697			
d. Signature of Authorized Representative [Signature]		e. Date Signed 15 SEP 2004			

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Prescribed by OMB Circular A-102

TO: Grants Coordination State clearinghouse	FROM: Josh Corona-Bennett	DATE: 9/15/04
FAX #: (916) 323-3018	FAX #: (619) 594-5088	PHONE #: (619) 594-6621

OMB Approval No.0348-0043

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 	Applicant Identifier 																			
5. APPLICANT INFORMATION Legal Name: VALLEY ECONOMIC DEVELOPMENT CENTER, INC Address (give city, county, State and zip code) 5121 VAN NUYS BLVD., 3RD FLOOR VAN NUYS, CA 91403 LOS ANGELES COUNTY U.S.A		3. DATE RECEIVED BY STATE 	State Applicant Identifier 																			
		4. DATE RECEIVED BY FEDERAL AGENCY 	Federal Identifier 																			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-3139419		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 45%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) NON-PROFIT Econ. Develop. Corp. </div> </div> <div style="text-align: right; border: 1px solid black; padding: 2px; width: 30px; float: right;">N</div>																				
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="margin-top: 10px;"> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): </div>		9. NAME OF FEDERAL AGENCY: Department of Health and Human Services																				
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 3 - 5 7 0 </div> TITLE: Comm. Serv. Blk. Grant- Public Markets		11. DESCRIPTION OF APPLICANT'S PROJECT: Plaza del Valle/VEDC Public Market Project																				
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc): NORTHEAST SAN FERNANDO VALLEY AREA OF CITY OF LOS ANGELES		<div style="position: relative; height: 150px;"> <div style="position: absolute; top: 0; right: 0; transform: rotate(-15deg); border: 2px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;"> RECEIVED SEP 15 2004 STATE CLEARING HOUSE </div> </div>																				
13. PROPOSED PROJECT Start Date Oct. 2004 Ending Date Oct. 2006	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 28 b. Project 27, 28																					
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%; text-align: right;">\$</td> <td style="width:70%;">250,000.00</td> </tr> <tr> <td>b. Applicant</td> <td style="text-align: right;">\$</td> <td>318,556.00</td> </tr> <tr> <td>c. State</td> <td></td> <td></td> </tr> <tr> <td>d. Local</td> <td></td> <td></td> </tr> <tr> <td>e. Other</td> <td style="text-align: right;">\$</td> <td>1,010,000.00</td> </tr> <tr> <td>f. Program Income</td> <td style="text-align: right;">\$</td> <td>-</td> </tr> <tr> <td>g. TOTAL</td> <td style="text-align: right;">\$</td> <td>1,578,556.00</td> </tr> </table>				a. Federal	\$	250,000.00	b. Applicant	\$	318,556.00	c. State			d. Local			e. Other	\$	1,010,000.00	f. Program Income	\$	-	g. TOTAL
a. Federal	\$	250,000.00																				
b. Applicant	\$	318,556.00																				
c. State																						
d. Local																						
e. Other	\$	1,010,000.00																				
f. Program Income	\$	-																				
g. TOTAL	\$	1,578,556.00																				
16. IS APPLICANT SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>9/15/2004</u> b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																						
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																				
a. Type name of Authorized Representative ROBERTO BARRAGAN	b. Title PRESIDENT			c. Telephone Number 818-907-9977																		
d. Signature of Authorized Representative 		e. Date signed 9/15/2004																				

Version 7/03

**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED September 14, 2004	Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
6. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY		
Legal Name: State of California		Federal Identifier		
Organizational DUNS: 083442629		Organizational Unit: Department: California Wildlife Conservation Board (WCB) Division:		
Address: Street: 1807 13th Street, Suite 103 City: Sacramento County: Sacramento State: California Country: United States of America		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: (916) 445-1072 First Name: Scott Middle Name: Last Name: Clemons Suffix:		
Zip Code: 95814		Email: sclemons@dfg.ca.gov Phone Number (give area code) (916) 445-1072 Fax Number (give area code) (916) 323-0280		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0296961		7. TYPE OF APPLICANT: (See back of form for Application Types) A. Other (specify)		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		8. NAME OF FEDERAL AGENCY: National Marine Fisheries Service (NOAA Fisheries) Dept. of Commerce		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-463 TITLE (Name of Program): Community-based Habitat Restoration Project Grants		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Russian River Watershed Riparian Habitat Restoration		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Mendocino and Sonoma Counties, California		14. CONGRESSIONAL DISTRICTS OF: a. Applicant California 5th District b. Project California 1st, 6th		
13. PROPOSED PROJECT Start Date: 03/01/05 Ending Date: 12/31/08		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
15. ESTIMATED FUNDING:		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
a. Federal	\$ 250,000			
b. Applicant	\$ 1,139,600			
c. State	\$			
d. Local	\$ 899,400			
e. Other	\$			
f. Program Income	\$			
g. TOTAL	\$ 2,289,000			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative Prefix First Name AI Last Name Wright Title Executive Director Signature of Authorized Representative		Middle Name Suffix c. Telephone Number (give area code) (916) 445-8448 d. Date Signed 9/14/04		

Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 9-14-04		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
6. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
Legal Name: MENDOCINO COUNTY RESOURCE CONSERVATION DISTRICT				Organizational Unit:	
Organizational DUNS: 141154174				Department:	
Address: Street: 405 SO. ORCHARD AVE				Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: UNIAH				Prefix: MS First Name: PATY	
County: MENDOCINO				Middle Name: J.	
State: CA Zip Code: 95482				Last Name: MADIGAN	
Country: USA				Suffix: OR JANET OLAVE, EX. DIR.	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 67-0060208 SEP 14 2004				Email: pmad@mcra.org	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)				7. TYPE OF APPLICANT: (See back of form for Application Types) CA - SPECIAL DISTRICT	
Other (specify)				9. NAME OF FEDERAL AGENCY: NOAA FISHERIES	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): HABITAT CONSERVATION				11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: UPPER RANCHERIA CREEK RIPARIAN ENHANCEMENT PROJECT	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): MENDOCINO COUNTY - ANDERSON VALLEY				14. CONGRESSIONAL DISTRICTS OF: a. Applicant 1ST b. Project 1ST	
13. PROPOSED PROJECT Start Date: 8-1-05 Ending Date: 7-31-07				16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 9-14-04 b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
15. ESTIMATED FUNDING:				17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal \$ 71,687.00					
b. Applicant \$ 7,480.00					
c. State \$ 29,007.00					
d. Local \$ 0.00					
e. Other Landowner \$ 35,246.00					
f. Program Income \$ 0.00					
g. TOTAL \$ 147,693.00					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix MS		First Name JANET		Middle Name	
Last Name OLAVE				Suffix	
b. Title EXECUTIVE DIRECTOR				c. Telephone Number (give area code) 707-468-9223	
d. Signature of Authorized Representative				e. Date Signed 9/14/04	

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**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 9/14/04	Applicant Identifier 1664
		3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier CA-90-Y118-01	

5. APPLICANT INFORMATION Legal Name: City of Santa Monica		Organizational Unit: Department: Big Blue Bus (Transit Services)	
Organizational DUNS: 833665898		Division:	
Address: Street: 812 Colorado		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms First Name: Marianne	
City: Santa Monica		Middle Name H.	
County: Los Angeles		Last Name Kim	
State: CA		Suffix:	
Country:		Email: marianne-klm@santa-monica.org	

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-8000790		Phone Number (give area code) 310-458-2296	Fax Number (give area code) 310-581-7925
---	--	---	---

8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) Municipality (C) Other (specify)
---	--	--

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-500		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: The City of Santa Monica Big Blue Bus requests \$25.5 million from a combination of Section 5307 and Congestion Mitigation Air Quality funds to purchase twenty-two (22) LNG expansion buses, forty-two (42) LNG fueled replacement buses, an Advanced Traveler Management System (ATMS), and a new regional fare collection system.	
---	--	--	--

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Santa Monica, Culver City, West Los Angeles and Downtown Los Angeles		9. NAME OF FEDERAL AGENCY: Federal Transit Administration	
--	--	---	--

13. PROPOSED PROJECT Start Date: Ending Date:		14. CONGRESSIONAL DISTRICTS OF: a. Applicant City of Santa Monica b. Project CA-90-Y118-01	
--	--	---	--

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 25,525,857 ⁰⁰	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 9/14/04	
b. Applicant	\$ 7,380,323 ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ 0 ⁰⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 0 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$ 0 ⁰⁰	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ 0 ⁰⁰		
g. TOTAL	\$ 32,906,180 ⁰⁰		

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Ms	First Name Stephanie	Middle Name	
Last Name Negriff		Suffix	
b. Title Director, Big Blue Bus		c. Telephone Number (give area code) 310-458-1975	
d. Signature of Authorized Representative		e. Date Signed 9/13/04	

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Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 9-14-04	Applicant Identifier
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: MENDOCINO COUNTY RESOURCE CONSERVATION DISTRICT		Organizational Unit: Department:	
Organizational DUNS: 141 154 174		Division:	
Address: Street: 405 So. ORCHARD AVE		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: MS First Name: PATY	
City: UKIAH		Middle Name: J	
County: MENDOCINO		Last Name: MADIGAN	
State: CA	Zip Code: 95482	Suffix: OR JANET OLAVE, EX. DIR.	
Country: USA		Email: pmad@mcn.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0060203		Phone Number (give area code): 707-468-9223	Fax Number (give area code): 707-468-5278
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) <input type="checkbox"/> <input type="checkbox"/> Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) G - SPECIAL DISTRICT Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): HABITAT CONSERVATION		9. NAME OF FEDERAL AGENCY: NOAA FISHERIES	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): MENDOCINO COUNTY - ANDERSON VALLEY		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: UPPER RANCHERIA CREEK RIPARIAN ENHANCEMENT PROJECT	
13. PROPOSED PROJECT Start Date: 8-1-05 Ending Date: 7-31-07		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 1ST b. Project 1ST	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 71,687.00	a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 9-14-04	
b. Applicant	\$ 7,480.00	b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ 29,007.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 0.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other Landowner	\$ 35,246.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ 0.00		
g. TOTAL	\$ 147,693.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative Prefix: MS First Name: JANET		Middle Name:	
Last Name: OLAVE		Suffix:	
b. Title: EXECUTIVE DIRECTOR		c. Telephone Number (give area code): 707-468-9223	
d. Signature of Authorized Representative: <i>[Signature]</i>		e. Date Signed: 9/14/04	

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OPTIONAL FORM 99 (7-90)

Standard Form 424 (Rev. 5-2003)
Prescribed by OMB Circular A-102

FAX TRANSMITTAL

of pages ▶

To: SHEILA	From: PATY MADIGAN
Dept./Agency	Phone #: 707-964-0395
Fax #: 916-323-3018	Fax #: 707-468-5278

NSN 7540-01-317-7368

5089-101

GENERAL SERVICES ADMINISTRATION

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction </div> <div style="width: 45%;"> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction </div> </div>		2. DATE SUBMITTED 	Applicant Identifier 																					
5. APPLICANT INFORMATION <u>Dun & Bradstreet Acct No. 078781416</u> Legal Name: Bay Area Air Quality Management District Address (give city, county, state, and zip code): 939 Ellis Street San Francisco, CA 94109		3. DATE RECEIVED BY STATE 	State Application Identifier 																					
		4. DATE RECEIVED BY FEDERAL AGENCY 	Federal Identifier 																					
6. EMPLOYER IDENTIFICATION (EIN): <u>94-1622746</u>																								
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other Specify: _____		7. TYPE OF APPLICANT: (enter appropriate letter here) <u>G</u> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 50%;"> H. Independent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify): _____ </div> </div>																						
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <u>6-6-0-0-1</u> TITLE: Air Pollution Program		9. NAME OF FEDERAL AGENCY: Environmental Protection Agency																						
		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Air Pollution 105 Grant Support <div style="display: flex; justify-content: space-between;"> <div>Basic Grant</div> <div>\$ 1,300,563</div> </div> <div style="display: flex; justify-content: space-between;"> <div>CAPCOA Pass-thru</div> <div><u>297,152</u></div> </div> <div style="display: flex; justify-content: space-between;"> <div>Total Allocation</div> <div>\$ 1,597,715</div> </div>																						
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano and Sonoma																								
13. PROPOSED PROJECT: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 30%;">Start Date</th> <th style="width: 30%;">End Date</th> </tr> <tr> <td>10/1/04</td> <td>9/30/05</td> </tr> </table>		Start Date	End Date	10/1/04	9/30/05	14. CONGRESSIONAL DISTRICT OF: <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> a. Applicant: _____ </div> <div style="width: 35%;"> b. Project: _____ </div> </div>																		
Start Date	End Date																							
10/1/04	9/30/05																							
15. Estimated Funding: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 30%;">a. Federal</th> <th style="width: 30%;">\$</th> <th style="width: 40%;">1,597,715</th> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>20,589,985</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>1,863,870</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>15,915,175</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td>1,228,400</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>41,195,145 .00</td> </tr> </table>		a. Federal	\$	1,597,715	b. Applicant	\$	20,589,985	c. State	\$	1,863,870	d. Local	\$	15,915,175	e. Other	\$	1,228,400	f. Program Income	\$		g. TOTAL	\$	41,195,145 .00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON: DATE _____ b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$	1,597,715																						
b. Applicant	\$	20,589,985																						
c. State	\$	1,863,870																						
d. Local	\$	15,915,175																						
e. Other	\$	1,228,400																						
f. Program Income	\$																							
g. TOTAL	\$	41,195,145 .00																						
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No																								
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF. ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																								
a. Typed Name of Authorized Representative. Peter Hess		b. Title: Deputy Air Pollution Control Officer																						
d. Signature of Authorized Representative 		c. Telephone Number (415) 749-4971																						
e. Date Signed 9/7/04																								

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

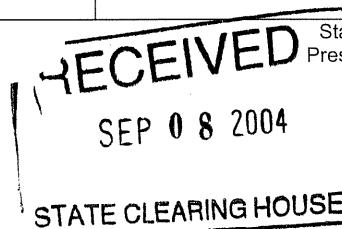
1. Type of Submission: Application _____ Preapplication _____ Construction _____ Construction _____ X Nonconstruction _____ Nonconstruction _____		Applicant Identifier State Application Identifier Federal Identifier	
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) SEP - 9 2004 State Water Resources Control Board 1001 I Street, Sacramento County Sacramento, California 95814		Organizational Unit: Division of Financial Assistance Name and telephone of person to be contacted on matters involving this application (give area code): Wayne Pierson (916) 341-5755	
6. Employer Identification Number (EIN): 68--0281986 6. D U N S Number: 808321913 8. Type of Application: X New _____ Revision _____ Continuation _____ If Revision, enter appropriate letter(s): _____ A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____		7. Type of Applicant: (enter appropriate letter) <u>A</u> A. State H. Independent School District B. County I. State Institute of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify) _____	
10. Catalog of Federal Domestic Assistance Number 66.458 Title: Capitalization Grants for State Revolving Funds		9. Name of Federal Agency: U. S. Environmental Protection Agency	
12. Area Affected by Project: (cities, counties, states, etc.) California		11. Descriptive Title of Applicant's Project: To achieve statewide compliance with water quality objectives.	
13. Proposed Project: Start Date 7/1/2004 End Date 6/30/2014		14. Congressional District of: Applicant: 3 Project: California - All	
15. ESTIMATED FUNDING: a. Federal \$94,783,887 b. Applicant \$0 c. State \$19,148,260 d. Local \$0 e. Other \$0 f. Program Income \$0 g. TOTAL \$113,932,147		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: <u>X</u> This application/preapplication was made available to the State EO 12372 process for review on: Date: September 8, 2004 b. NO: _____ Program is not covered by EO # 12372 _____ Program has not been selected by the state for review.	
17. Is the applicant delinquent on any Federal debt? _____ YES, attach explanation _____X_____ NO			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative Celeste Cantú		b. Title: Executive Director	
c. Telephone Number (916) 341-5615		d. Signature of Authorized Representative	
e. Date Signed:		f. Date Signed:	

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED	Applicant Identifier	
			3. DATE RECEIVED BY STATE	State Application Identifier	
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: County of San Luis Obispo, a municipal corporation			Organizational Unit: Department: General Services		
Organizational DUNS: 92 720 9783			Division: County Fire		
Address: Street: 1087 Santa Rosa Street City: San Luis Obispo County: San Luis Obispo State: CA Zip Code 93408			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Steven Middle Name: Last Name: Neer Suffix: Email: sneer@co.slo.ca.us Phone Number (give area code) 805-781-5168 Fax Number (give area code) 805-781-5215		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000939					
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) B-County Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766			9. NAME OF FEDERAL AGENCY: Department of Agriculture		
TITLE (Name of Program): Community Facilities Guaranteed Loan Programs			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Construction of Fire Station facility for protection of north county areas, provide temporary emergency shelter & command post serving eastern and southern county for disaster, emergency medical response and care.		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of SLO, New Cuyama, Carrizo Plains National Monument, Cal Valley.					
13. PROPOSED PROJECT Start Date: 9/13/2004 Ending Date: 8/1/2005			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 22nd and 23rd b. Project 22nd & 23rd		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	488,145.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: with this preliminary application		
b. Applicant	\$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	492,767.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$.00			
g. TOTAL	\$	980,910.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Mr.	First Name Duane		Middle Name		
Last Name Leib			Suffix		
b. Title Director of General Services			c. Telephone Number (give area code) 805-781-5211		
d. Signature of Authorized Representative			e. Date Signed		

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APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 09/07/2004		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION		
Legal Name: Housing Authority of the City of Oakland, California		Organizational Unit: Department: Development
Organizational DUNS: 03-852-2343		Division: N/A
Address: Street: 1619 Harrison Street City: Oakland County: Alameda State: California Zip Code: 94612		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Bridget Middle Name: Last Name: Galka Suffix:
Country: United States		Email: bgalka@oakha.org
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000758		Phone Number (give area code) 510-587-2142 Fax Number (give area code) 510-587-2145
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) N. Other (specify) Public Housing Authority
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 14-866		9. NAME OF FEDERAL AGENCY: U.S. Department of Housing and Urban Development
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Oakland, Alameda, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: The operation of three computer learning centers that will provide computer-based social and educational services to public housing and other residents of the Chestnut Court, Linden Court and Mandela Gateway HOPE VI developments in West Oakland, California.
13. PROPOSED PROJECT Start Date: 10/1/04 Ending Date: 04/01/09		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 9th b. Project 9th
15. ESTIMATED FUNDING: a. Federal \$ 250,000.00 b. Applicant \$ 262,500.00 c. State \$.00 d. Local \$.00 e. Other \$.00 f. Program Income \$.00 g. TOTAL \$ 512,500.00		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 9/7/2004 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
a. Authorized Representative Prefix Mr. First Name Jon Middle Name Last Name Gresley Suffix		
b. Title Executive Director c. Telephone Number (give area code) 510-875-1510 d. Signature of Authorized Representative e. Date Signed		

APPLICATION FOR FEDERAL ASSISTANCE

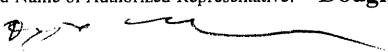
1. TYPE OF SUBMISSION Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 08/30/04 3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY		Applicant Identifier R9#03-434
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		State Application Identifier		Federal Identifier A009051050

5. APPLICANT INFORMATION	
Legal Name: Monterey Bay Unified Air Pollution Control District	Organizational Unit: Executive Office
Address (give city, county, state, and zip code): 24580 Silver Cloud Court, Monterey, CA 93940 DUNS# 125-103-275	Name and telephone number of the person to be contacted on matters involving this application (give area code) Esta Martin, District Accountant (831) 647-9418 X 229
6. EMPLOYER IDENTIFICATION (EIN): 94-2301821	7. TYPE OF APPLICANT: (enter appropriate letter here) <u>G</u> A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify):
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New Continuation Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other Specify:	9. NAME OF FEDERAL AGENCY: EPA Region IX
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66.001 TITLE: Air Pollution Control Program Support(105)	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Basin Wide Pollution Program
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Monterey, Santa Cruz, and San Benito Counties in California	

13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICT OF:	
Start Date 10/1/04	End Date 9/30/05	a. Applicant: 16th Congressional District	b. Project Same

15. Estimated Funding:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON: DATE <u>08/30/04</u> b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$ 283,400.00	
b. Applicant	\$ 2,061,553.00	
c. State	\$ 1,416,724.00	
d. Local	\$ 161,190.00	
e. Other	\$ 125,791.00	
f. Program Income	\$ 0.00	
g. TOTAL	\$ 4,048,658.00	

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
---	--	--

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF. ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Typed Name of Authorized Representative. Douglas Quetin 	b. Title: Air Pollution Control Officer	c. Telephone Number (831)647-9411
d. Signature of Authorized Representative		e. Date Signed 08/30/04

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address

Legal Name: Advancement through Opportunity and Knowledge

Address: 3320 West Adams Boulevard

Organizational Unit

Los Angeles
City

CA
State

Los Angeles
County

90018 - 1338
ZIP Code + 4

2. Applicant's D-U-N-S Number 1 4 5 9 7 6 1 1 2

3. Applicant's T-I-N 9 5 1 4 4 1 5 1 1 5

4. Catalog of Federal Domestic Assistance #: 84.1 5 4 B

Title: Mentoring Programs

CFDA #84.184B

5. Project Director: Lydia Templeton

Address: 3320 West Adams Boulevard

Los Angeles CA 90018 - 1338

City State Zip code + 4

Tel. #: (323) 731 - 2600 Fax #: (323) 731 - 2609

E-Mail Address: ltemplyd@aol.com

Application Information

9. Type of Submission:

-PreApplication -Application
Construction Construction
Non-Construction X Non-Construction

10. Is application subject to review by Executive Order 12372 process?

Yes (Date made available to the Executive Order 12372 process for review): 1/1/2004

X No (If "No," check appropriate box below)

Program is not covered by E.O. 12372.

Program has not been selected by State for review.

11. Proposed Project Dates: 08 / 01 / 2004 07 / 31 / 2007
Start Date: End Date:

Estimated Funding

14a. Federal \$ 596,468 .00

b. Applicant \$.00

c. State \$.00

d. Local \$.00

e. Other \$.00

f. Program Income \$.00

g. TOTAL \$ 596,468 .00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true

and correct. The document has been duly authorized by the governing body of the applicant

and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Lydia Templeton

b. Title: Founder and Executive Director

c. Tel. # (323) 731 - 2600 Fax # (323) 731 - 2609

d. E-Mail Address: ltemplyd@aol.com

e. Signature of Authorized Representative

Date: 07 / 02 / 2004

6. Novice Applicant X Yes No

7. Is the applicant delinquent on any Federal debt? Yes X No
(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.)

A - State

B - Local

C - Special District

D - Indian Tribe

E - Individual

K - Other (Specify):

F - Independent School District

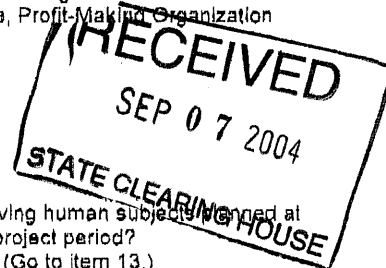
G - Public College or University

H - Private, Non-profit College or

University

I - Non-profit Organization

J - Private, Profit-Making Organization



12. Are any research activities involving human subjects planned at any time during the proposed project period?
 Yes (Go to 12a.) X No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations?

 Yes (Provide Exemption(s) #):

 No (Provide Assurance #):

13. Descriptive Title of Applicant's Project:

MORE (Mentoring Opportunities Reinforcing Education)

Mentoring Programs for Middle School Students

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

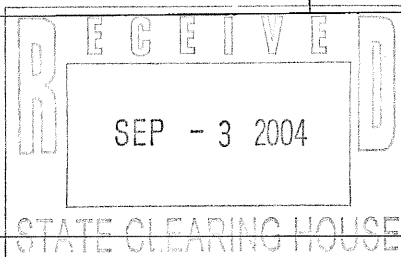
1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED JUL 20 2004	Applicant Identifier
<input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE JUL 20 2004	State Application Identifier
<input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY JUL 20 2004	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: TUOLUMNE COUNTY YOSEMITE VISTA ESTATE		Organizational Unit: Department: Y.V.E. MUTUAL SANITATION	
Organizational DUNS: 131130056		Division:	
Address: Street: 22645 PROSPECT HEIGHTS		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: GROVELAND		Prefix: First Name: MARLA	
County: TUOLUMNE		Middle Name: LIANE	
State: CALIFORNIA Zip Code: 95321		Last Name: RUMBAUGH	
Country: U.S.A.		Suffix:	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 74-3796080		Email:	
7. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision (See back of form for description of letters.)		Phone Number (give area code): 209 962-5988	
Other (specify)		Fax Number (give area code): 209-962-0736	
8. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): WATER WASTE DISPOSAL LOAN & GRANT PROGRAM 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):		7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify)	
9. NAME OF FEDERAL AGENCY:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: IMPROVE SANITATION System	
13. PROPOSED PROJECT Start Date: Ending Date:		14. CONGRESSIONAL DISTRICTS OF: a. Applicant b. Project	
15. ESTIMATED FUNDING: a. Federal \$ 486,250.00 b. Applicant \$ c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Authorized Representative: Prefix: First Name: MARLA Middle Name: LIANE Last Name: RUMBAUGH Suffix: b. Title: MANAGER & BOARD DIRECTOR c. Telephone Number (give area code): 209-962-5988 d. Signature of Authorized Representative: Marla Rumbaugh e. Date Signed: July 13, 2004			

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APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 09/03/04		Applicant Identifier	
3. DATE RECEIVED BY STATE		4. DATE RECEIVED BY FEDERAL AGENCY		State Application Identifier	
5. APPLICANT INFORMATION Legal Name: Fremont Family Resource Center Organizational DUNS: 076549104 Address: Street: 39155 Liberty Street #A110 P.O. Box 5006 City: Fremont County: Alameda State: CA Zip Code: 94537-5006 Country: USA		Organizational Unit: Department: Division: Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Judy Middle Name: Ellen Last Name: Schwartz Suffix: Email: jschwartz@ci.fremont.ca.us Phone Number (give area code): 510-574-2274 Fax Number (give area code): 510-574-2277			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-3333831		7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify) Non-profit under the umbrella of the City of Fremont			
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		9. NAME OF FEDERAL AGENCY: Department of Health and Human Services			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93-570 TITLE (Name of Program): CSBG T/TA Program-Earned Income Tax Credit (EITC) and Other Asset Formati		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Fremont Family Resource Center- Family Economic Success Initiative			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Alameda County/Cities (Fremont, Union City, Newarkand others)		13. PROPOSED PROJECT Start Date: January 1, 2005 Ending Date: December 31, 2005			
14. CONGRESSIONAL DISTRICTS OF: a. Applicant 13th b. Project 13th		15. ESTIMATED FUNDING:			
a. Federal \$ 70,000 ⁰⁰		b. Applicant \$ 133,249 ⁰⁰			
c. State \$ 50,000 ⁰⁰		d. Local \$ 0 ⁰⁰			
e. Other \$ 242,308 ⁰⁰		f. Program Income \$ 0 ⁰⁰			
g. TOTAL \$ 495,557 ⁰⁰		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 9/03/04 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative Prefix: Ms. First Name: Judy Last Name: Schwartz		b. Title Administrator, Fremont Family Resource Center		c. Telephone Number (give area code) 510-574-2274	
d. Signature of Authorized Representative		e. Date Signed 9/3/04			

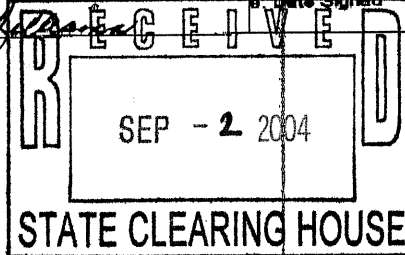
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APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 8/8/04	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

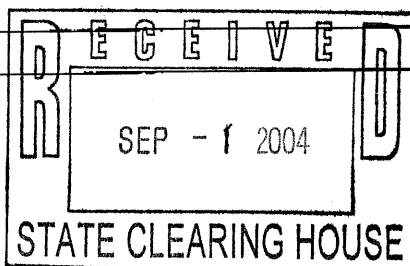
5. APPLICANT INFORMATION	
Legal Name: Southeast Communities Prevention & Intervention Programs, Inc.	Organizational Unit: Department:
Organizational DUNS: 006823475	Division:
Address: Street: 4401 Crenshaw Blvd., Suite 315	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Eddie
City: Los Angeles	Middle Name: Mae
County: Los Angeles	Last Name: Williams
State: California	Suffix:
Zip Code: 90043	Email: emaewilliams@scip.org
Country: America	Phone Number (give area code): 323) 290-3593
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-4384686	Fax Number (give area code): 323) 290-3594
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) Other- nonprofit CDC Other (specify)
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93-570	9. NAME OF FEDERAL AGENCY: DHHS, ACF, OCS
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Planning project (p) - priority area 4
13. PROPOSED PROJECT Start Date: 10/1/04 Ending Date: 9/30/05	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 33 b. Project 33
15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 75,000	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 9/1/04
b. Applicant \$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$	
g. TOTAL \$	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Authorized Representative	
Prefix: Ms.	First Name: Eddie
Last Name: Williams	Middle Name: Mae
b. Title: Executive Director	Suffix:
c. Telephone Number (give area code): (323) 290-3593	d. Signature of Authorized Representative: Eddie Mae Williams
e. Date Signed: 8/9/04	

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Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED July 21, 2004	Applicant Identifier CA0310500	
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: City of Roseville		Organizational Unit: Department: Roseville Police Department		
Organizational DUNS: 076119643		Division: Administration		
Address: Street: 1051 Junction Blvd.		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mrs. First Name: Dee Dee		
City: Roseville		Middle Name		
County: Placer		Last Name: Gunther		
State: CA		Suffix:		
Zip Code: 95678		Email: ddgunther@roseville.ca.us		
Country: U.S.A.		Phone Number (give area code): (916) 774-5015		Fax Number (give area code): (916) 774-5019
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000409		7. TYPE OF APPLICANT: (See back of form for Application Types) C Other (specify)		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		9. NAME OF FEDERAL AGENCY: U.S. Department of Justice Office of Community Oriented Policing Service		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Secure Our Schools 16-710		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Video surveillance on school campuses		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Roseville, Placer County, California		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 4th b. Project 4th		
13. PROPOSED PROJECT Start Date: Ending Date: August 31, 2005		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 09-01-2004 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
15. ESTIMATED FUNDING:		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
a. Federal \$ 23,312.00				
b. Applicant \$.00				
c. State \$.00				
d. Local \$.00				
e. Other School Districts \$ 23,313.00				
f. Program Income \$.00				
g. TOTAL \$ 46,625.00				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix: Mr.		First Name: W.		Middle Name: Craig
Last Name: Robinson		Suffix:		
b. Title: City Manager		c. Telephone Number (give area code): (916) 774-5362		
d. Signature of Authorized Representative		e. Date Signed		

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APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 7/17/2004	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY 7/17/2004	Federal Identifier

5. APPLICANT INFORMATION	
Legal Name: Bodega Water Company, Inc.	Organizational Unit: Department:
Organizational DUNS:	Division:
Address:	
Street: P.O. Box 87	Name and telephone number of person to be contacted on matters involving this application (give area code)
City: Bodega	Prefix: Mr. First Name: Rick
County: Sonoma	Middle Name: Lynn
State: California Zip Code: 94922	Last Name: Williams
Country: United States	Suffix:
	Email: rick@bodegaschool.com
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2741304	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)	
7. TYPE OF APPLICANT: (See back of form for Application Types) N Non-profit Mutual Benefit Corporation Other (specify)	
9. NAME OF FEDERAL AGENCY: USDA Rural Development	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program):	
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Domestic Potable Water - Reservoir Construction, Treatment Plant Upgrade, Storage Upgrade, and Infrastructure Upgrades	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Township of Bodega, County of Sonoma, State of California	
13. PROPOSED PROJECT	
Start Date: September 2004	Ending Date: November 2005
14. CONGRESSIONAL DISTRICTS OF:	
a. Applicant California 6th District	b. Project California 6th District
15. ESTIMATED FUNDING:	
a. Federal \$ 500,000.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
b. Applicant \$.00	
c. State \$.00	
d. Local \$.00	
e. Other \$.00	
f. Program Income \$.00	
g. TOTAL \$ 500,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Authorized Representative	
Prefix Mr. First Name Rick	Middle Name Lynn
Last Name Williams	Suffix
b. Title President	c. Telephone Number (give area code) 707/876-3544 707/290-9186
d. Signature of Authorized Representative	e. Date Signed 8/20/04

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APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 8/8/03	Applicant Identifier	
3. DATE RECEIVED BY STATE		State Application Identifier		
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier		
5. APPLICANT INFORMATION Legal Name: Southeast Communities Prevention & Intervention Programs, Inc.		Organizational Unit: Department:		
Organizational DUNS: 006823475		Division:		
Address: Street: 4401 S. Crenshaw Blvd, Suite 315		Name and telephone number of person to be contacted on matters involving this application (give area code): Prefix: Ms. First Name: Eddie Mae Middle Name:		
City: Los Angeles		Last Name: Williams		
County: Los Angeles		Suffix:		
State: California		Email:		
Country: USA		Phone Number (give area code): (323) 290-3593		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 8-4384688		Fax Number (give area code): (323) 290-8894		
7. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) Other - Non Profit CDC Other (specify)		
8. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93-5770		9. NAME OF FEDERAL AGENCY: DHHS, ACF, OCS		
10. TITLE (Name of Program): OCS Discretionary Grant		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Planning Project (PP) - Priority Area 4		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Los Angeles, Los Angeles County		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 33 b. Project 33		
13. PROPOSED PROJECT Start Date: 10/01/04 Ending Date: 9/30/06		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 9/1/04 b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
15. ESTIMATED FUNDING: a. Federal \$ 75,000 b. Applicant \$ c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
19. Authorized Representative Prefix: Ms. First Name: Eddie Mae Last Name: Williams		Middle Name: Suffix:		
20. Title: Executive Director		c. Telephone Number (give area code): (323) 290-3593		
21. Signature of Authorized Representative: Eddie Mae Williams		d. Date Signed: 8/8/03		

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